

## PDF hosted at the Radboud Repository of the Radboud University Nijmegen

The following full text is a publisher's version.

For additional information about this publication click this link.

<http://hdl.handle.net/2066/58729>

Please be advised that this information was generated on 2018-07-08 and may be subject to change.

# bmj.com news roundup

Full versions of these stories are available at: [bmj.com/content/vol328/issue7453/#NEWS\\_ROUNDUP](http://bmj.com/content/vol328/issue7453/#NEWS_ROUNDUP)

## Safest and cheapest antiemetics should be used first for postoperative nausea

Drugs for reducing postoperative nausea and vomiting are equally effective, and so which treatment patients receive should be guided by safety and affordability.

More than 75 million surgical patients worldwide are anaesthetised each year. Without treatment a third will have postoperative nausea, vomiting, or both. The relative benefits of prophylactic antiemetic interventions given alone or in combination, however, remain unknown.

In a randomised controlled trial comparing combinations of six different antiemetics a team of researchers led by Dr Christian Apfel of the Julius-Maximilians University in Würzburg, Germany, enrolled 5199 patients from 28 different centres who were scheduled to undergo elective surgery under general anaesthesia and who had a high risk of postoperative nausea and vomiting (*New England Journal of Medicine* 2004;350:2441-51).

The authors concluded: "Because anti-emetic interventions are similarly effective and act independently, the safest or least expensive should be used first. Prophylaxis is rarely warranted in low-risk patients, moderate-risk patients may benefit from a single intervention, and multiple interventions should be reserved for high-risk patients." Scott Gottlieb *New York*

## GPs should have greater role in commissioning hospital services

The British government should encourage GPs to take responsibility for commissioning hospital services on behalf of their patients, says the King's Fund charity.

The report, published this week, examined the implications of implementing a strategy whereby GPs and other primary



## New centre is set up to promote evidence based surgery in the United Kingdom

What is thought to be the world's first centre to help coordinate clinical trials into surgical interventions opened this week in the United Kingdom.

The de Lotbinière Facial Surgery Research Centre is the brainchild of Mr Iain Hutchison, consultant in oral and maxillofacial surgery at St Bartholomew's Hospital and the Royal London Hospital.

The centre aims to stimulate research and provide rapid answers to important questions about the value of surgical techniques for treating conditions affecting the mouth and face. Unlike drug interventions, surgical treatments—for a number of reasons—are rarely covered by randomised trials, said Mr Hutchison.

The centre is named after the barrister Henry de Lotbinière (pictured), who died in 2002 after a 15 year battle with cancer of the salivary gland. His chambers raised £150 000 (\$276 100 ; €224 200) and donated the money to the charity the Facial Surgery Research Foundation—Saving Faces, which is funding the centre. Mr Hutchison removed and remodelled many parts of Mr de Lotbinière's face during his illness.

Zosia Kmietowicz *London*

care staff are given greater scope to shape services in their locality—a policy known as practice led commissioning.

Primary care trusts have not made much impact on wider NHS decision making and have not yet proved to be adept at this crucial commissioning role, the report says. Instead, the commissioning power should be devolved from primary care trusts to primary care practices run by GPs and other health professionals, the report argues.

Practice led commissioning shares many similarities with the old GP fundholding scheme, the report says. GP fundholding was a prominent feature of the Conservative government's internal market in the NHS in the 1990s. Although fundholding in its original form is no longer

appropriate, a variation would have benefits in today's health system, where patients are to be given a choice about where they are treated, the report adds.

Debashis Singh *London*

*Practice-led Commissioning: Harnessing the Power of the Primary-care Frontline* can be accessed at [www.kingsfund.org.uk/pdf/practiceledcommissioning.pdf](http://www.kingsfund.org.uk/pdf/practiceledcommissioning.pdf)

## Homeless families in England report high levels of depression

Depression is one of the main problems affecting the health of people living in temporary

accommodation, according to a report by Shelter, a UK organisation dedicated to tackling homelessness and bad housing.

The report is based on a survey by Shelter of 2000 homeless households (single people and families). A total of 417 households, from nine local authorities in London, the South East, South West, North, and Midlands, replied to the survey. Of the 375 households who responded to the specific section on health 78% reported at least one specific health problem.

Fifty six per cent of the 375 respondents reported feeling depressed. Around half of the parents with children and 71% of childless people reported feeling depressed.

Apart from depression, most households reported a specific health problem such as eczema or asthma. Almost half (49%) of the households stated that their health was affected because of living in temporary accommodation. About two fifths (38%) of households who responded reported that since becoming homeless they had to visit their GP or hospital more often.

Tiago Villanueva *BMJ*

To obtain the report, contact Shelter (tel 020 7505 2162).

## Coordination needed between primary and secondary care for chronic diseases

Systems that improve coordination between primary and secondary care are essential to improve the management of chronic diseases, a report published in the United Kingdom last week said.

The report was compiled jointly by the Royal College of Physicians, the Royal College of General Practitioners, and the NHS Alliance to assess how to optimise provision of care for long term conditions such as asthma, arthritis, chronic obstructive pulmonary disease, diabetes, dementia, and heart failure, which are all increasing with the ageing population.

The organisation's working

party considered that optimal care would require new models of service provision, championed by clinicians and working in partnership with patients. It suggested that joint approaches should be developed at local level, including primary care trusts and local hospitals, to improve coordination of patient care.

Setting up "joint clinical directorates"—clinical directorates that spanned primary and secondary care—should be considered as a way of facilitating the development of the infrastructure and clinical governance requirements for services across different sectors.

Professional training should also be reviewed and ways of sharing information should also be developed. The report recommended that primary care trusts and acute trusts should develop local shared information pathways, including electronic transfer of pathology results.

Susan Mayor *London*

*Clinicians, Services and Commissioning in Chronic Disease Management in the NHS* can be obtained by phoning the Royal College of Physicians (tel 020 7935 1174) and asking for the publications office.

## West Nile virus infections are occurring early in North America

The United States is seeing West Nile virus infections earlier than usual. The Centers for Disease Control and Prevention (CDC) had reported two cases in humans—one in Arizona and one in New Mexico—and avian, animal, or mosquito infections in 17 states by 1 June. Last year more than 260 people died from the disease in the United States.

ProMedmail.org, a service of the International Society for Infectious Diseases, said West Nile virus was now widespread throughout the United States and in nearby regions in Canada and Mexico. It would probably move south into Mexico.

Arizona and New Mexico have a border with Mexico, and by 27 May the Mexican authori-

ties had reported 18 seropositive birds and 287 seropositive horses. Health Canada had reported eight dead birds infected with West Nile virus in Ontario by 4 June.

The mosquito season in Arizona is usually August and September. ProMedmail reported that Dr Jonathan Weisbuch, head of the Maricopa County Department of Public Health, which includes the city of Phoenix, said "This is much earlier than we expected. It's going to be a longer season. We could see several hundred cases."

Janice Hopkins Tanne *New York*

## Doctors demand national screening for chlamydia

Public health doctors have derided the slow progress towards a national screening programme for chlamydia as "disgraceful."

The BMA's annual conference of public health medicine called on the government to roll out screening across the United Kingdom as a matter of urgency.

Dr Howard Barnes, who proposed the motion, said the absence of a national programme had led to a high volume of uncoordinated testing.

"In a district near me in Yorkshire 14 000 people have been tested. That is out of a population of 200 000," he said.

Chlamydia is the United Kingdom's most common sexually transmitted infection. Nearly 70 000 cases of chlamydia were reported by clinics in 2001, up 10% on the previous 12 months. The infection, which is often asymptomatic in women, can cause pelvic inflammatory disease and infertility.

Dr Barnes attacked the government for setting up a series of pilot groups but failing to take the plunge and construct a formal screening programme. The initial sites are in Portsmouth and the Wirral, followed by two more waves of pilots in subsequent years. The schemes primarily target women aged 16 to 24, but men are also offered tests. "With screening we would see a reduction in pelvic inflammatory disease and infertility," he said.

Rebecca Coombes *London*

## Smoking habits of ethnic groups lead to higher risk of heart disease

Lynn Eaton *London*

Smoking, one of the many increased risk factors for coronary heart disease, is much higher among Black Caribbean, Bangladeshi, and Irish men than in the general population for England, according to the British Heart Foundation's latest statistics on coronary heart disease. And Bangladeshi men are at the highest risk of all because of their smoking habit.

The proportion of Irish women smoking is also higher than the general female population, putting them at greater risk too.

The ethnic differences in smoking habits are of particular concern to the foundation, said Qaim Zaidi, its ethnic strategy coordinator.

"In particular, South Asians living in the UK have a significantly higher premature death rate from coronary heart disease than the rest of the population—and the gap is widening. The death rate is 46% higher than the average for men and 51% higher for women, and it is not falling as fast as it is in the rest of the population," he said.

"One of the main problems to overcome is the high numbers of smokers in the Bangladeshi community—42% of Bangladeshi men smoke, as opposed to 27% in the general male population," he added.

The report looks at a number of factors that affect the risk of

heart disease, including diet, physical activity, alcohol consumption, blood pressure, blood cholesterol, and diabetes.

"Bangladeshi and Pakistani communities also eat the fewest fruits and vegetables, and South Asians are less likely to participate in physical activity," said Mr Zaidi. "Consequently, they are more likely than the general population to have central obesity... placing an extra strain on the heart."

"The BHF [British Heart Foundation] is working hard to tackle this critical issue and has made progress in educating South Asian communities about lifestyle and heart disease in recent years," he said, adding that the charity had invested millions into medical research to benefit ethnic groups. "However, the message is not sinking in quickly enough," he said.

The report says the overall number of coronary heart deaths is down from nearly 121 000 in 2001 to just under 117 500 in 2002. But because fewer people are dying of the disease, many more are living with it. An estimated 2.68 million people currently live with the disease, 30 000 higher than last year. □

The British Heart Foundation's coronary heart disease statistics for 2004 are available on [www.heartstats.org](http://www.heartstats.org)

